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23117 7590 03/14/2005

NIXON & VANDERHYE, PC
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ARLINGTON, VA 22201-4714

05/06/2005 MBEYENE2 00000085 10774687

01 FC:1501 1400.00 **DP**
02 FC:1504 300.00 **DP**

03 FC:1501	FILING DATE 02/10/04	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/774,687 02/10/2004 Vladimir Kochergin 340-88 8589

TITLE OF INVENTION: MAGNETIC FIELD AND ELECTRICAL CURRENT VISUALIZATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/14/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
THOMPSON, TIMOTHY J		2873	359-280000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Nixon & Vanderhye P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lake Shore Cryotronics, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Westerville, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

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Authorized Signature Robert W. Faris

Date May 5, 2005

Typed or printed name Robert W. Faris

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